

P Booker

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101556855

FILING DATE

APPLICANT(S),

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9		8		1		
10		9		1		
11		10		1		
12		11		1		
13		12		1		
14		13		1		
15		14		1		
16		15		1		
17		16		1		
18		17		1		
19		18		1		
20		19		1		
21		20		1		
22		21		1		
23		22		1		
24		23		1		
25		24		1		
26		25		1		
27		26		1		
28		27		1		
29		28		1		
30		29		1		
31		30		1		
32		31		1		
33		32		1		
34		33		1		
35		34		1		
36		35		1		
37		36		1		
38		37		1		
39		38		1		
40		39		1		
41		40		1		
42		41		1		
43		42		1		
44		43		1		
45		44		1		
46		45		1		
47		46		1		
48		47		1		
49		48		1		
50		49		1		
TOTAL IND.	9					
TOTAL DEP.	11					
TOTAL CLAIMS	11					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		2		1		
53		3		1		
54		4		1		
55		5		1		
56		6		1		
57		7		1		
58		8		1		
59		9		1		
60		10		1		
61		11		1		
62		12		1		
63		13		1		
64		14		1		
65		15		1		
66		16		1		
67		17		1		
68		18		1		
69		19		1		
70		20		1		
71		21		1		
72		22		1		
73		23		1		
74		24		1		
75		25		1		
76		26		1		
77		27		1		
78		28		1		
79		29		1		
80		30		1		
81		31		1		
82		32		1		
83		33		1		
84		34		1		
85		35		1		
86		36		1		
87		37		1		
88		38		1		
89		39		1		
90		40		1		
91		41		1		
92		42		1		
93		43		1		
94		44		1		
95		45		1		
96		46		1		
97		47		1		
98		48		1		
99		49		1		
100		50		1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						